ST. LOUIS HEALTH DIVISION - ANIMAL REGULATION CENTER

2120 Gasconade St., St. Louis, Missouri 63118 (314) 353-5838 (314) 353-3691 FAX

Receipt Number: R10-009355

Receipt Date: 01 /12/10

Person Information: SEAN HOFFMAN

PID:P012027

ST LOUIS, MO 63116

Received From: SEAN HOFFMAN

Check No:

Phone: (314) 565-1537

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
LICENSE SN	A016629	L10-73944	\$4.00	1	\$4.00
LICENSE SN	A030546	L10-73943	4.00	1	4.00
LICENSE SN	A030547	L10-73945	·4.00	1	4.00
LICENSE SN	A030548	L10-73946	4.00	1	4.00
LICENSE SN	A030549	L10-73947	4.00	1	4.00
LICENSE SN	A030550	L10-73948	4.00	1	4.00

Total Fees Due:

Payments:

Cash:

\$24.00

\$24.00

Check: Credit Card: \$0.00 \$0.00

Total Payments Received:

\$24.00

Thank You!

Change:

\$0.00

Balance Due:

\$0.00

Animal Information:

A016629 KIRRA - 10 MONTHS OF AGE, SPAYED, ROTTWEILER/MIX, BLACK AND BROWN DOG A030546 AMBER - 1 YEAR 6 MONTHS OF AGE, SPAYED, LABRADOR RETR/MIX, TAN DOG A030547 RUGGER - 2 YEARS 6 MONTHS OF AGE, NEUTERED, ROTTWEILER/MIX, BLACK AND TAN DOG A030548 JACK - 2 YEARS 6 MONTHS OF AGE, NEUTERED, BOXER/MIX, BROWN DOG A030549 JASMINE - 3 YEARS OF AGE, SPAYED, DOMESTIC SH, ORG TABBY AND WHITE CAT A030550 LACY - 1 YEAR 6 MONTHS OF AGE, SPAYED, LABRADOR RETR/MIX, GOLD DOG

License Information:

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Гуре:
L10-73943	08/06/10	A030546	08/06/09	12	08/06/10	\$4.00	LIC SN
L10-73944	06/11/10	A016629	06/11/09	12	06/11/10	\$4.00	LIC SN
L10-73945	06/11/09	A030547	06/11/06	12	06/11/10	\$4.00	LIC SN
L10-73946	06/11/09	A030548	06/11/06	12	06/11/10	\$4.00	LIC SN
L10-73947	06/11/09	A030549	06/11/06	12	06/11/10	\$4.00	LIC SN
L10-73948	08/06/09	A030550	08/06/09	12	08/06/10	\$4.00	LIC SN
				TC	TAL LICENSE FEES	: \$24.00	

Shelter Hours

Monday - Friday 9:00AM - 2:00PM and 3:00PM - 4:30PM* Saturday 9:00AM - 4:00PM*

*Shelters CLOSED Sundays and Holidays

Clerk: EVANS **SHELTER** Transaction Date: 01/12/10

Print Date: 01/12/10 ware\chameleon\crystal\receipt2.rpt

714-28 (Rev 5/07) HEALTH COMMISSIONE		VETERINARIAN - 4th COPY
TYPE OR PRINT HARD. YOU	CCINATION-REGISTRATION	VACCINATION / REGISTRATION NO.
ARE MAKING FOUR COPIES.	1 01-1-1	73943
Animal's Name:	Specific Breed Lab mix	DATE OF VAC/REGISTRATION
Color: Age // Age	Size: OS OM OL OXL Sex: OM OF OS	ON 8609
Owner's Name:	Sealkristin	VACCINE MANUFACTURER & LOT NO.
2945 (LAST) Janeh	(FIRST) (MIDDLE)	CLINIC IDENTIFICATION
1321503	12111	Fort Rucker Vet Clinic
Telephone:	St. Louis, MO Zip Code	TYPE OF VACCINE
	reon has been vaccinated against rabies in accordance with t . This also certifies if the animal has been spayed or neutered	
Signature of Health Officer or Agent	Signature of Owner	\$ 4.00
City of St. Louis, Animal Care an	nd Control, 2120 Gasconade, St. Louis, MO 63118	
714-28 (Rev 5/07) HEALTH COMMISSIONEF	R - 1st and 2nd COPY, OWNER - 3rd COPY,	VETERINARIAN - 4th COPY
	CINATION-REGISTRATION	VACCINATION / REGISTRATION NO.
TYPE OR PRINT HARD. YOU ARE MAKING FOUR COPIES.		72911
Animal's Name:	Specific Breed BOX MIX	DATE OF VAC/REGISTRATION
Color: brown Age 2 /ayrs	Size: S M DL XL Sex: M F S	,
Owner's Hoffman	Simily distin	VACCINE MANUFACTURER & LOT NO.
Name:(LAST)	(FIRST) (MIDDLE)	
Address: 3795 Winebac	8	CLINIC IDENTIFICATION
Telephone: (32 - 6508	St. Louis, MO Zip Code	TYPE OF VACCINE
This is to certify that the animal described here	eon has been vaccinated against rables in accordance with th This also certifies if the animal has been spayed or neutered.	ne 📈
current City of St. Louis Hables Control Ordinance.	This also certifies in the arithmat has been spayed of fieldered.	REGISTRATION FEE:
Signature of Health Officer or Agent	Signature of Owner	REGISTRATION FEE:
	d Control, 2120 Gasconade, St. Louis, MO 63118	
TAA OO (Day 5/07) UFALTH COMMISSIONES	R - 1st and 2nd COPY, OWNER - 3rd COPY,	VETERINARIAN - 4th COPY
714-28 (Rev 5/07) HEALTH COMMISSIONEF RABIES VAC	CCINATION-REGISTRATION	
TYPE OR PRINT HARD. YOU		VACCINATION / REGISTRATION NO.
ARE MAKING FOUR COPIES.	Consider Person NSH	13941
Animal's Name:	Specific Breed	DATE OF VAC/REGISTRATION
Color: 1004 Whit Age	Size: S MM DL DXL Sex: DM MF DS	011101
Owner's Name:	Dean Kristin	VACCINÉ MANUFACTURER & LOT NO.
39US (LAST) DISCORD	(MIDDLE)	CLINIC IDENTIFICATION
Address: 1-32-1-508	0 2111 112 7 2 1 1 3 11 1 2	Fot Ruder utclinic
Telephone:	St. Louis, MO Zip Code	TYPE OF VACCINE
This is to certify that the animal described her current City of St. Louis Rabies Control Ordinance.	eon has been vaccinated against rabies in accordance with This also certifies if the animal has been spayed or neutered	ne 1 YEAR 3 YEAR
1 Ca	Dritha, Malo	REGISTRATION FEE:
Signature of Health Officer or Agent	Signature of Owner	\$ 4.0

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

714 20 (107 0/07)	ERINARIAN - 4th COPY
TYPE OR PRINT HARD. YOU ARE MAKING FOUR COPIES. Animal's Name: Color: Age Size: Specific Breed Specific Breed CHAST) (FIRST) (MIDDLE) Address: Telephone: This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.	VACCINATION / REGISTRATION NO. DATE OF VAC/REGISTRATION VACCINE MANUFACTURER & LOT NO. CLINIC IDENTIFICATION TYPE OF VACCINE 1 YEAR 3 YEAR
Circolary of Health Officer or Apart	REGISTRATION FEE:
Signature of Health Officer or Agent Signature of Owner City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118	\$ 7.00
714-28 (Rev 5/07) HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd COPY, VETI RABIES VACCINATION-REGISTRATION	ERINARIAN - 4th COPY VACCINATION / REGISTRATION NO.
TYPE OR PRINT HARD. YOU	VACCINATION/ REGISTRATION NO.
Animal's Name: Color: Age Size: Size: Size: Size: Mile XL Sex: Mile X	DATE OF VAC/REGISTRATION VACCINE MANUFACTURER & LOT NO. CLINIC IDENTIFICATION TYPE OF VACCINE
current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.	TEGISTRATION FEE:
Signature of Health Officer or Agent Signature of Owner	\$ 4.00
City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118 714-28 (Rev 5/07) HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd COPY, VETEI RABIES VACCINATION-REGISTRATION	RINARIAN - 4th COPY VACCINATION / REGISTRATION NO.
TYPE OR PRINT HARD. YOU ARE MAKING FOUR COPIES.	1 2 0 11 7
Animal's Name: Specific Breed Letturille Mix	151145
Color: Old ton Age Alayrs Size: OS M AL OXL Sex: M OF OS M	DATE OF VAC/REGISTRATION
Owner's Name: Seal Kristin (MIDDLE)	VACCINE MANUFACTURER & LOT NO.
Address: 5945 Wmcbago St.	Fot Rucker Vetania
Telephone: St. Louis, MO Zip Code St. Louis and St. Louis	TYPE OF VACCINE
This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.	1 YEAR 3 YEAR
Signature of Health Officer or Agent Signature of Owner	REGISTRATION FEE:
City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118	V

3850 Chippewa Street St. Louis, MO 63116 (314) 772-0292

Kristin/Sean Hoffmann 3945 Winnebago St. Louis City, MO 63116

Client ID: 17147 Invoice #: 202097

Date: 7/23/2010

	Patient ID:	3943							Veight: Inthday:	01/14/2008	2
	Patient Name:	Jazzmin Feline							muuay. Sex:	Spayed Fe	
	Species: Breed:	Peline Domestic Shorthair						•	ex.	Shaken Le	inala
	Description	*		Sta	ff Name			Quantity	,	T	otal
7/23/2010	FVRCP Bo				ve T. Pen	dina f	-		1.00	•	\$12.11
12012010		kemia Booster			*G 1.1 GH	unis, i	-7 7 6#1		1.00		\$21.31
		line 3 Year Booster							1.00		\$33.37
	Rabies Ce								1.00		\$5.95
	- 4	Exam w/ Vacc & OC							1.00		\$27.67
		s Waste Disposal							1.00		\$3.79
		5-15 Lbs Feline							1.00		\$79.00
							Patie	ent Subt			\$183.20
Reminder											izzmin
07/23/2011	Feline Leuk	emia Booster								_	
	FVRCP Box	oster									
07/23/2013	Rabies Feli	ne 3 Year Booster									
	Patient ID:	3941						¥	Veight:		
	Patient ID: Patient Name:								Veight: 3irthday:	01/14/200	8
								E	-	: 01/14/200 Spayed Fo	
	Patient Name:	Kima						E	Birthday:		
	Patient Name: Species:	Kirra Canine Rottweiler, Mix		Sta	off Name			E	Birthday: Sex:	Spayed Fo	
7/23/2010	Patient Name: Species: Breed:	Kirra Canine Rottweiler, Mix			nff Name	edino, l		E 5	Birthday: Sex:	Spayed Fo	emale
7/23/2010	Patient Name: Species: Breed:	Kirra Canine Rottweiler, Mix On				dino, l	DVM	E 5	Sinthday: Sex: 1.00	Spayed Fo	emale <u>*otal</u> \$82.21 \$82.21
7/23/2010 Reminder	Patient Name: Species: Breed:	Kirra Canine Rottweiler, Mix On					DVM	Quantity	Sinthday: Sex: 1.00	Spayed Fo	otal \$82.21
Reminder	Patient Name: Species: Breed:	Kirra Canine Rottweiler, Mix on Plus 51-100 lbs 1 year					DVM	Quantity	Sinthday: Sex: 1 1.00 total:	Spayed Fo	otal \$82.21
Reminder	Patient Name: Species: Breed: Descriptie Heartgard DHPP Book	Kirra Canine Rottweiler, Mix on Plus 51-100 lbs 1 year					DVM	Quantity	Sinthday: Sex: 1 1.00 total:	Spayed Fo	otal \$82.21
<u>Reminder</u>	Patient Name: Species: Breed: Descripti Heartgard DHPP Book Rabies Car	Kirra Canine Rottweiler, Mix on Plus 51-100 lbs 1 year ster (Adult)			eve T. Per	8008	DVM	Quantify	Sinthday: Sex: 1.00	\$payed For \$1.00 \$	o <u>tal</u> \$82.21
Reminder	Patient Name: Species: Breed: Descripti Heartgard DHPP Book Rabies Car	Canine Rottweiler, Mix On Plus 51-100 lbs 1 year ster (Adult) nine 1 Year Booster			eve T. Per	8008	DVM	Quantify	Sinthday: Sex: 1 1.00 total:	\$payed For \$1.00 \$	Cotal \$82.21 \$82.21 \$32.21 \$32.21 \$32.21 \$32.21
Reminder	Patient Name: Species: Breed: Descripti Heartgard DHPP Book Rabies Car	Canine Rottweiler, Mix On Plus 51-100 lbs 1 year ster (Adult) nine 1 Year Booster			eve T. Per	8008	DVM	Quantify	Sinthday: Sex: 1 1.00 total:	\$payed For \$1.00 \$	Cotal \$82.21 \$82.21 \$32.21 \$32.21 \$32.21 \$32.21
<u>Reminder</u>	Patient Name: Species: Breed: Descripti Heartgard DHPP Book Rabies Car	Canine Rottweiler, Mix On Plus 51-100 lbs 1 year ster (Adult) nine 1 Year Booster			eve T. Per	8008	DVM Pati	Quantify Seiped Seiped	Sinthday: Sex: 1 1.00 total:	\$payed For \$1.00 \$	Cotal \$82.21 \$82.21 \$32.21 \$32.21 \$32.21 \$32.21
Reminder	Patient Name: Species: Breed: Descripti Heartgard DHPP Book Rabies Car	Canine Rottweiler, Mix On Plus 51-100 lbs 1 year ster (Adult) nine 1 Year Booster			eve T. Per	8008	DVM	Quantify Seiped Seiped	Sinthday: Sex: 1 1.00 total:	11:30:49 Appr Code: 706342 Batch#: 909843	Sec.21 \$82.21 \$32.21 \$32.21 \$32.21 \$32.21
Reminder	Patient Name: Species: Breed: Descripti Heartgard DHPP Book Rabies Car	Canine Rottweiler, Mix On Plus 51-100 lbs 1 year ster (Adult) nine 1 Year Booster			ANIMAL MOSPITAL BOLIS AN 63116 COLIS MO 63116 COLIS MOSITS	8008	DVM Pati	Quantify Seiped Seiped	Sinthday: Sex: 1 1.00 total:	11:30:49 Appr Code: 706342 Batch#: 909843	otal \$82.21
<u>Reminder</u>	Patient Name: Species: Breed: Descripti Heartgard DHPP Book Rabies Car	Canine Rottweiler, Mix On Plus 51-100 lbs 1 year ster (Adult) nine 1 Year Booster			ANIMAL MOSPITAL BOLIS AN 63116 COLIS MO 63116 COLIS MOSITS	1D: 000002713710 00339666	DVM Pati	Quantify Seiped Seiped	Sinthday: Sex: 1 1.00 total:	11:30:49 10008 Appr Code: 706342 Inline Batch#: 900843	Cotal \$82.21 \$82.21 \$32.21 \$32.21 \$32.21 \$32.21
<u>Reminder</u>	Patient Name: Species: Breed: Descripti Heartgard DHPP Book Rabies Car	Canine Rottweiler, Mix On Plus 51-100 lbs 1 year ster (Adult) nine 1 Year Booster			eve T. Per	8008	DVM Pati	Quantity lent Subsequence Subs	Sinthday: Sex: 1 1.00 total:	\$payed For \$1.00 \$	Sec.21 Sec.21 Kirrat Rugger

714-28 (Rev 5/07)	HEALTH COMMISSIONER - 1st and 2nd		VETERINARIAN - 4th COPY	
TYPE OR PRINT HARD ARE MAKING FOUR CO		-REGISTRATION	VACCINATION / REGISTRATION	ON NO.
Animal's Name:	Nik 1 Harris	Specific BreedS M D L D XL Sex: M D F	DATE OF VAC/REGISTRAT	TON
Owner's Name:	HELLINGIPH X	(FIRST) (MIDDLE)	VACCINE MANUFACTURER &	
Address:	15 LUTHROUGE		CLINIC IDENTIFICATION	1
Telephone:	27-10508	_ St. Louis, MO Zip Code	TYPE OF VACCINE	Hosp
	Rabies Control Ordinance. This also cer	n vaccinated against rabies in accordance wi rtifies if the animal has been spayed or neuter Signature of Owner	th the	EAR 5
City of S	St. Louis, Animal Care and Control, 2	120 Gasconade, St. Louis, MO 63118	Marie Course of the Course of	

Chippewa Animal Hospital

3850 Chippewa Street St. Louis, MO 63116 (314) 772-0292

Kristin/Sean Hoffmann

St. Louis City, MO 63116

Client ID: 17147

Invoice #: 203723

Date: 9/16/2010

	Patient ID:	3941		Weight:	01/14/2008
	Patient Name:			Birthday: Sex:	Spayed Female
	Species: Breed:	Canine Rottweiler, Mix		Sex:	Spayed Female
	Description		Staff Name	Quantity	<u>Total</u>
9/16/2010		onchitis Vaccination	Bruce H. Kurka, DVM	1.00	\$19.46
3/10/2010		nine 3 Year Booster	Didoo in Nama, 2 viii	1.00	\$33.37
	Rabies Ce			1.00	\$5.95
		Exam w/ Vacc & OC		1.00	\$27.67
		Waste Disposal		1.00	\$3.79
		Lyme Ehrlichia & Anaplas Test		1.00	\$41.09
		,	Pa	atient Subtotal:	\$131.33
Reminder					
06/11/2010	DHPP Boos	ster (Adult)			
09/16/2011	Tracheobro	nchitis Vaccination			
	Heartworm	Lyme Ehrlichia & Anaplas Test			
	Heartworth	Lyme Limbina & Anapias 1650			
09/16/2013		ine 3 Year Booster			
09/16/2013		•		Weight:	
09/16/2013	Rabies Can	ine 3 Year Booster		Weight: Birthday:	01/14/2008
09/16/2013	Rabies Car	ine 3 Year Booster		-	01/14/2008 Neutered Male
09/16/2013	Patient ID: Patient Name:	aine 3 Year Booster 3942 Rugger		Birthday:	
09/16/2013	Patient ID: Patient Name: Species:	nine 3 Year Booster 3942 Rugger Canine Rottweiler, Mix	Staff Name	Birthday:	
9/16/2010	Rabies Can Patient ID: Patient Name: Species: Breed: Description	nine 3 Year Booster 3942 Rugger Canine Rottweiler, Mix	Staff Name Bruce H. Kurka, DVM	Birthday: Sex:	Neutered Male Total \$19.46
	Rabies Can Patient ID: Patient Name: Species: Breed: Description Tracheobre	nine 3 Year Booster 3942 Rugger Canine Rottweiler, Mix		Birthday: Sex:	Neutered Male Total \$19.46
	Rabies Can Patient ID: Patient Name: Species: Breed: Description Tracheobre	aine 3 Year Booster 3942 Rugger Canine Rottweiler, Mix on conchitis Vaccination anine 3 Year Booster		Birthday: Sex: Quantity 1.00	Neutered Male Total \$19.46 \$33.37 \$5.96
	Rabies Can Patient ID: Patient Name: Species: Breed: Description Tracheobr Rabies Can Rabies Can	aine 3 Year Booster 3942 Rugger Canine Rottweiler, Mix on conchitis Vaccination anine 3 Year Booster		Birthday: Sex: Quantity 1.00 1.00	Total \$19.46 \$33.37 \$5.95 \$27.67
	Rabies Can Patient ID: Patient Name: Species: Breed: Description Tracheobr Rabies Can Rabies Can Wellness	aine 3 Year Booster 3942 Rugger Canine Rottweiler, Mix On conchitis Vaccination anine 3 Year Booster ertificate		Birthday: Sex: Quantity 1.00 1.00 1.00 1.00 1.00	Total \$19.46 \$33.37 \$5.98 \$27.67 \$3.79
	Patient ID: Patient Name: Species: Breed: Description Tracheobre Rabies Can Rabies Can Wellness Hazardous	aine 3 Year Booster 3942 Rugger Canine Rottweiler, Mix on conchitis Vaccination anine 3 Year Booster ertificate Exam w/ Vacc & OC	Bruce H. Kurka, DVM	Birthday: Sex: Quantity 1.00 1.00 1.00 1.00	Total \$19.46 \$33.37 \$5.95 \$27.67

Reminder

06/11/2010 DHPP Booster (Adult)

09/16/2011 Tracheobronchitis Vaccination

Heartworm Lyme Ehrlichia & Anaplas Test

09/16/2013 Rabies Canine 3 Year Booster

3850 Chippewa Street St. Louis, MO 63116 (314) 772-0292

Kristin/Sean Hoffmann

St. Louis City, MO 63116

Breed:

Client ID: 17147

Invoice #: 203723

Date: 9/16/2010

Patient ID:	3944	Weight:	
Patient Name:	Jack	Birthday:	01/14/2008
Species:	Canine	Sex:	Male

	Description	Staff Name	Quantity	<u>Total</u>
9/16/2010	Tracheobronchitis Vaccination	Bruce H. Kurka, DVM	1.00	\$19.46
	Rabies Canine 3 Year Booster		1.00	\$33.37
	Rabies Certificate		1.00	\$5.95
	Wellness Exam w/ Vacc & OC		1.00	\$27.67
	Hazardous Waste Disposal		1.00	\$3.79
	Heartworm Lyme Ehrlichia & Anaplas Tes		1.00	\$41.09
		Pa	atient Subtotal:	\$131.33

Reminder

06/11/2010 DHPP Booster (Adult)

09/16/2011 Tracheobronchitis Vaccination

Heartworm Lyme Ehrlichia & Anaplas Test

Pitbull Mix

09/16/2013 Rabies Canine 3 Year Booster

Invoice Total: \$393.99 \$393.99 Total: \$393.99 Balance Due: CHIPPENA ANIMAL HUSPITAL Previous Balance: \$0.00 3850 CHIPPENA SAINT LOUIS MO 63116 314-772-0292 \$393.99 Balance Due: (\$393.99)Master Card: Merchant ID: 000002713710 Term ID: 00339565 Ref #: 0011 (\$393.99)Less Payment: **Balance Due:** \$0.00

Sale

MASTERCARD Entry Method: Swiped

Total: \$ 393.99

09/16/10 18:12:05 Inv #: 000011 Appr Code: 780546

Inv #: UUUUll APPr Code: 180546 Apprvd: Online Batch#: 000889

Customer Copy

Chippewa Animal Hospital 3850 Chippewa Street St. Louis, MO 63116 (314) 772-0292

			(314) 772-02	92		
			Rabies Certi	ficate		
Client ID: Client Name: Address:	17147 Kristin/Sean Ho				Patient ID: Patient Name: Species: Breed: Sex: Color:	Canine Rottweiler, Mix Spayed Female
Phone:					Markings: Birthday: Weight:	blk/tan 01/14/2008
Tag Number: Lot Number: Producer: K / MLV:	13710 A600291 / 1804 Pfizer / Merial Killed Virus	17C		Vaccinati Expiration		9/16/2010 9/16/2013
•		Staff Name: License Number:	Bruce H. Kurka,	DVM		

714-28 (Rev 5/07)	HEALTH COMMISSIONER - 1		OWNER - 3rd COPY,	VETE	RINARIAN - 4th	COPY		
		NATION-REGISTRA	TION		VACCINATION	I/REGISTE	RATION	NO.
TYPE OR PRINT HARD.								
ARE MAKING FOUR COI			P. #1	BURE BOR		13	11	0
Animal's Name:	rra	Specific Breed	vim the st		DATE OF V	AC/REGIST	TRATION	V
Color: 315.1110	Age	Size: S M	L DXL Sex: DM	F DS DN	9-1	16-18	2	
Owner's		A A		。 (1)	VACCINE MAN	JFACTURE	B& LO	TNO.
Name:	(LAST)	(FIRST)	(MIDDLE)		11.	eria	L	
Address:	TO CHARLES BERYO	· 公司 · 自己的自己的 自己的 中華教育 (2000年) · 如何的知识。	期間的に合うでは、数数の名の場合をあった。	国际经过过日本公司经济对土地	CLINIC	IDENTIFICA	TION	A L
Telephone: 632	-6508	St. Louis, MO	Zip Code 6 3/10	6	Cluppen	1a Che	ma	
This is to certify th	at the animal described hereon	has been vaccinated a	painst rabies in accordance	ce with the	TYPE	OF VACCI	NE	
	Rabies Control Ordinance. Thi				YEA	R	3 YL	
Bruce H.	Kurka D.V.	M. XX	Hyd. Ny	Ha	REGISTRATIO	N FEE:	-95	-
Signature of Health O	fficer or Agent	Signature	of Owner	1	\$	1)	
City of S	t. Louis, Animal Care and C	ontrol, 2120 Gascona	ade, St. Louis, MO 631	18				

Chippewa Animal Hospital 3850 Chippewa Street St. Louis, MO 63116 (314) 772-0292

		(314) 772-0292							
Rabies Certificate									
Client ID: Client Name: Address:	17147 Kristin/Sean Hoffmann St. Louis City, MO 63116	Patient ID: Patient Name: Species: Breed: Sex: Color:	3942 Rugger Canine Rottweiler, Mix Neutered Male blk/tan						
Phone:		Markings: Birthday: Weight:	01/14/2008						
Tag Number: Lot Number: Producer: K / MLV:	13709 A600291 / 18047C Pfizer / Merial Killed Virus	Vaccination Date: Expiration Date:	9/16/2010 9/16/2013						
	Staff Name: License Number:	Bruce H. Kurka, DVM							

714-28 (Rev 5/07) - HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd COPY, VETERINARIAN - 4th COPY						
RABIES VACCINATION-REGISTRATION	VACCINATION / REGISTRATION NO.					
TYPE OR PRINT HARD. YOU ARE MAKING FOUR COPIES.	12700					
Animal's Name: Kugger Specific Breed	113709					
	DATE OF VAC/REGISTRATION					
Color: Age Size: □S □M DL □XL Sex: □M □F □S □N Owner's	VACCINE MANUFACTURER & LOT NO.					
Name: Moldmenn Willy of Slow	WACCINE MANOFACTURER & LOT NO.					
Address: 3945 Winnebago (FIRST) (MIDDLE)	CLINIC IDENTIFICATION					
Telephone: 632 -6508 St. Louis, MO Zip Code 63116	Oh i razila amenal Ha					
	TYPE OF VACCINE					
This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.	1 YEAR 3 YEAR					
Bruce H. Kurka D. V.M. Krustno. Orthe	REGISTRATION FEE: 92					
Signature of Health Officer or Agent Signature of Owner	\$_5					
City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118						

Chippewa Animal Hospital 3850 Chippewa Street St. Louis, MO 63116 (314) 772-0292

,			Rabies Certificate		
	Client ID: Client Name: Address:	17147 Kristin/Sean Hoffmann St. Louis City, MO 63116		Patient ID: Patient Name: Species: Breed: Sex: Color:	3944 Jack Canine Pitbull Mix Male brown
	Phone:			Markings: Birthday: Weight:	01/14/2008
	Tag Number: Lot Number: Producer: K / MLV:	13711 A600291 / 18047C Pfizer / Merial Killed Virus	* ***	tion Date: on Date:	9/16/2010 9/16/2013

Staff Name:

Bruce H. Kurka, DVM

License Number:

714-28 (Rev 5/07) HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd CO	DPY, VETERINARIAN - 4th COPY					
RABIES VACCINATION-REGISTRATION	VACCINATION / REGISTRATION NO.					
TYPE OR PRINT HARD. YOU	VACCINATION AEGISTRATION NO.					
ARE MAKING FOUR COPIES	3 7					
Animal's Name: Specific Breed Specific Breed	DATE OF VAC/REGISTRATION					
Color: Age Size: DS DM DL XL Sex: D	M of os on 9-16-10					
Owner's Name: Karatan Karatan of Alance	VACCINE MANUFACTURER & LOT NO.					
Name: (LAST) (FIRST) (MIDI	DLE) Merial					
Address: 3175 Ulamibo ao	CLINIC IDENTIFICATION					
Telephone: 633 6508 St. Louis, MO Zip Code 6	3116 Cheppeva Chimal Hosp					
This is to certify that the animal described hereon has been vaccinated against rabies in accourrent City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed	ordance with the					
Bruce H. Kurka, D. V.M. 19 rother O	REGISTRATION FEE: 29					
Signature of Health Officer or Agent Signature of Owner	\$					
City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118						